



Next Generation Wireless Emergency Public Safety Communications Network

Site Survey Forms

DRAFT

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Table of Contents

1.0 INTRODUCTION	3
1.1 Dispatch center site survey form description	3
1.2 Remote RF site survey form description	3
 ATTACHMENT A - DISPATCH CENTER SITE SURVEY FORM	 5
ATTACHMENT B - REMOTE RF SITE SURVEY FORM	32



1.0 Introduction

In addition to interview questionnaire responses and other material supplied, Federal Engineering (**FE**) understands that additional site information may need to be collected from physical site surveys. This will not be an itemized inventory, but a determination of the systems and equipment status to complete the Statement of Work (SOW). **FE** has developed two site-specific survey forms to aid in fulfilling the requirements of the project. The following overview describes the survey forms, the differences between them, and brief section descriptions.

1.1 Dispatch center site survey form description

The purpose of the dispatch center survey form is to capture relevant site and equipment information in a 911 PSAP or dispatch center environment. The form enables survey teams to verify existing site information, determine site expansion capability, and perform in-depth site inventory and assessment. Some of the sections in the dispatch center form are identical to those in the remote RF site form. However, the dispatch center form is broken down into twenty three alphabetical sections. Some sections may not be applicable to each site. In some cases a PSAP is also an RF site, and in other cases, traffic is backhauled to and from a nearby RF site. Nevertheless, the form is organized in such a manner to facilitate smooth and accurate data collection.

The first four sections of the form identify general site information, access requirements, perimeter security, and surrounding land space. Sections E, F, G and H are for gathering information about the dispatch console system, operator positions, and peripheral equipment. Section I pertains to documenting console electronics, equipment room layout, and installation practices. Section J provides for a complete inventory of console and radio equipment within the dispatch center. Sections K, L and M deal with backhaul, power, and any other miscellaneous systems that contribute to the overall operation of the facility. If applicable, sections N and O call for a close inspection of the type and condition of structures, antennas, and lines. Sections P, Q, R, S, and T require graphics and drawings including a street-level map, site plan, electronics room floor plan, dispatch area floor plan, and tower-antenna layout. Sections U and V provide a site photograph checklist and a means to organize compressed photos. The last section of the form allows for an overall assessment of site conditions, usefulness for collocation, and conformance to industry best practices. Please find the dispatch center site survey form located in Attachment A.

1.2 Remote RF site survey form description

The purpose of the remote RF survey form is to capture relevant site and equipment information in a remote RF site environment. However, some of the sections in this form are identical to those in the dispatch center form. This form enables survey teams to verify existing site information, determine site expansion capability, and perform in-



Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

depth site inventory and assessment. The remote RF form is broken down into eighteen alphabetical sections that facilitate smooth and accurate data collection.

Sections A, B, C, and D of the form identify general site information, access requirements, perimeter security, and surrounding land space. Sections E and F call for a close inspection of the type and condition of structures, antennas, and lines. Section G pertains to documenting communications shelters, equipment room layout, and installation practices. Section H provides for a complete inventory of radio equipment at the site. Sections I, J, and K deal with backhaul, power, and any other miscellaneous systems that contribute to the overall site operation. Sections L, M, N, and O require graphics and drawings including a street-level map, site plan, RF housing floor plan, and tower-antenna layout. Sections P and Q provide a site photograph checklist and a means to organize compressed photos. The last section of the form allows for an overall assessment of site conditions, usefulness for collocation, and conformance to industry best practices. Please find the remote RF site survey form located in Attachment B.





Attachment A - Dispatch center site survey form

SECTION A: GENERAL SITE INFORMATION	
Date	Click here to enter a date.
Survey Team	Click here to enter text.
In attendance (client, technical representative)	Click here to enter text.
Site name	Click here to enter text.
Site address	Click here to enter text.
City	Click here to enter text.
County	Click here to enter text.
Site phone number	Click here to enter text.
Site owner and/or manager	Click here to enter text.
Site type (check all that apply)	<input type="checkbox"/> 911 PSAP <input type="checkbox"/> EOC <input type="checkbox"/> TX/RX <input type="checkbox"/> RX Only <input type="checkbox"/> BACKUP <input type="checkbox"/> Other see comments
Construction type	Choose an item.
Condition	Choose an item.
Number of stories/floors	Choose an item.
Provide details on what floor(s) the radio equipment and operator positions are located	Click here to enter text.
Latitude (decimal)	Click here to enter text.
Longitude (decimal)	Click here to enter text.
Ground Elevation (AMSL) meters	Click here to enter text.
Comments: Click here to enter text.	
Provide a SITE PLAN diagram in SECTION Q indicating PSAP building, fence, generator system, commercial power feed, telephone system feeds, and other associated site equipment or structures present.	
Is this a shared dispatch center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List agencies served by this dispatch center	Click here to enter text.
Is this dispatch center also a backup?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency(s) name and location	Click here to enter text.
Does this location serve as an Emergency Ops Center?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List EOC specific equipment details	Click here to enter text.
Does this location have a cache of user devices?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

List subscriber equipment details	Click here to enter text.		
Comments: Click here to enter text.			
SECTION B: SITE ACCESS			
Site is accessible by standard 2WD vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Describe site access below (i.e., nearby intersection, road type & length, special equipment – 4WD, combinations, key sets, etc.) Provide a MAP TO SITE diagram in SECTION P.			
Comments: Click here to enter text.			
SECTION C: GENERAL SITE CONDITIONS and PERIMETER SECURITY			
<input type="checkbox"/> Perimeter Fence	Condition: Choose an item.		
<input type="checkbox"/> Signs of vandalism	<input type="checkbox"/> Fence locked	<input type="checkbox"/> Exterior lighting	<input type="checkbox"/> Security Camera
Security Camera monitored by whom / where:		Click here to enter text.	
Emergency lighting system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mfr./Model:	Click here to enter text.		
Comments: Click here to enter text.			
HVAC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is HVAC dedicated to dispatch center and independent of other systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mfr./Model/Size	Click here to enter text.		
Voltage/Amps/Phase:	Click here to enter text.		
Is HVAC system redundant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Comments: Click here to enter text.			





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

SECTION D: PHYSICAL ATTRIBUTES OF SURROUNDING LAND SPACE		
Ground around site	Choose an item.	
Property zoning type	Choose an item.	
Property ownership	Choose an item.	
Describe site surroundings	Click here to enter text.	
Other site use-this site	Choose an item.	
Other nearby sites	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide details below about other nearby sites or collocation use.		
Comments: Click here to enter text.		

SECTION E: DISPATCH CONSOLE SYSTEMS		
Console system Mfr./Model:	Click here to enter text.	
Console system software revision:	Click here to enter text.	
Current no. of dispatch positions:	Click here to enter text.	
Expansion capacity no. of positions:	Click here to enter text.	
Number of backup positions:	Choose an item.	
Approx. age of console system:	Choose an item.	
Last upgrades/updates:	Click here to enter text.	
No. of channels programmed	Choose an item.	
No. of channels possible:	Choose an item.	
No. of talkgroups programmed:	Choose an item.	
Channel expansion capacity:	Choose an item.	
Is console patch capable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. of simultaneous consol patches supported	Choose an item.	
Is there a master UPS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are outlets connected to the master UPS color coded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what color are the outlets connected to the master UPS?	Click here to enter text.	
Provide a Floor Plan of the dispatch area layout in Section S.		





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

DISPATCH POSITION #1:	
Copy and paste this section for each dispatch position. Be sure to number each dispatch position section.	
No. of monitors for position #1:	Choose an item.
No. of touchscreen monitors:	Choose an item.
No. of speakers for position #1:	Choose an item.
Describe speaker function(s):	Click here to enter text.
Is dispatch position configured for remote control/monitoring operations? For example bay doors, alert sirens, remote site intrusion	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe remote control/monitoring operations: (Check all that apply)	<input type="checkbox"/> Bay doors <input type="checkbox"/> Dispatch center entry <input type="checkbox"/> Remote site intrusion <input type="checkbox"/> Alert sirens <input type="checkbox"/> Intercom system <input type="checkbox"/> Video cameras <input type="checkbox"/> Other see comments
Comments: Click here to enter text.	
No. of PCs for this dispatch position:	Choose an item.
PC No. 1	Function: Click here to enter text.
	Mfr. /model: Click here to enter text.
	Operating System: Click here to enter text.
PC No. 2	Function: Click here to enter text.
	Mfr. /model: Click here to enter text.
	Operating System: Click here to enter text.
PC No. 3	Function: Click here to enter text.
	Mfr. /model: Click here to enter text.
	Operating System: Click here to enter text.
Type of foot switch	Choose an item.
Foot switch Mfr./Model	Click here to enter text.
Headset Mfr./Model	Click here to enter text.





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Instant recall recorder(s) installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recall recorder Mfr./Model	Click here to enter text.	
Dedicated (local) UPS for this dispatch position:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
External (local) surge protection for this dispatch position:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dedicated AC circuit for each PC/monitor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, common breaker:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auxiliary AC circuit (non-protected):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auxiliary AC circuit:	Amps: Click here to enter text.	
	Breaker: Click here to enter text.	
	Panel: Click here to enter text.	
Control station:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Control station mfr./model:	Click here to enter text.	
Antenna System:	<input type="checkbox"/> Dedicated	<input type="checkbox"/> Combined
Antenna type: mfr./gain:	Click here to enter text.	
Transmission line size/length:	Click here to enter text.	
Local remotes interfaced to control station:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Local remotes mfr./model	Click here to enter text.	
No. of local remotes:	Choose an item.	
Console furniture mfr./model:	Click here to enter text.	
Chair mfr./model	Click here to enter text.	
Comments: Click here to enter text.		
Dedicated AC circuit for each PC/Monitor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, Common Breaker:	Click here to enter text.	
Circuit #1: PC Click here to enter text.	Amps: Click here to enter text.	
	Breaker: Click here to enter text.	
	Panel: Click here to enter text.	
	Location: Click here to enter text.	





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Circuit #2: PC Click here to enter text.	Amps: Click here to enter text.
	Breaker: Click here to enter text.
	Panel: Click here to enter text.
	Location: Click here to enter text.
Circuit #3: PC Click here to enter text.	Amps: Click here to enter text.
	Breaker: Click here to enter text.
	Panel: Click here to enter text.
	Location: Click here to enter text.
Comments: Click here to enter text.	





SECTION F:		CHANNEL/TALKGROUP LIST								
Channel Name	Frequencies	Legacy		Interface	Encrypted		Type of encryption	Trunked or conventional	ANI (if conventional)	
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
Click here to enter text.	TX:	<input type="checkbox"/> Y	<input type="checkbox"/> N	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Click here to enter text.	Choose an item.	<input type="checkbox"/> Y	<input type="checkbox"/> N
	RX:									
	RX:									





SECTION G: ANCILLARY EQUIPMENT		
Master Clock	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Master Clock Mfr./Model:	Click here to enter text.	
Computer Aided Dispatch:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Voice logging recorder (VLR):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Channels:	Click here to enter text.	
Comments: Click here to enter text.		

SECTION H: COMPUTER AIDED DISPATCH (CAD) / GEOGRAPHIC INFORMATION SYSTEM (GIS)		
Voice over IP dispatch:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
GIS system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. of positions with GIS	Click here to enter text.	
GIS Mfr./Model:	Click here to enter text.	
AVL system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model:	Click here to enter text.	
Approx. no. of users:	Click here to enter text.	
No. of AVL system sites:	Click here to enter text.	Click here to enter text.
List site names:	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.
System frequency band:	Choose an item.	
Mobile data system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile data system Mfr./Model	Click here to enter text.	
Provide site names:	Click here to enter text.	Click here to enter text.
	Click here to enter text.	Click here to enter text.
Approx. no. of users:	Click here to enter text.	Click here to enter text.



Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

System frequency band:	Choose an item.	
Voice logging recorder (VLR):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VLR Interface type:	Click here to enter text.	
Comments: Click here to enter text.		
Use more pages as needed for documenting additional dispatch operator positions.		

SECTION I:	CONSOLE ELECTRONICS EQUIPMENT ROOM
-------------------	---

Are console electronics located in same room as operator positions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are console electronics co-located with other radio or IT equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Room type:	Choose an item.	
Room condition:	Choose an item.	
Room dimensions (in feet and inches):	Height: Click here to enter text.	
	Width: Click here to enter text.	
	Length: Click here to enter text.	
Door locked:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lock condition:	Choose an item.	
Door alarmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable tray(s):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, height above racks:	Click here to enter text.	
Total number of racks/cabinets:	Choose an item.	
No. of racks used for radio/console equipment:	Choose an item.	
Expansion space available in room:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expansion space available in racks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC dedicated to equipment room and independent of other systems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC redundant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Voltage:	Click here to enter text.	
Amperage:	Click here to enter text.	





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Phase:	Click here to enter text.	
Comments (location and access to electronics room, room conditions detail, etc.): Click here to enter text.		
CEB Grounding:		
Evidence of a single-point ground system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ground bus bar:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable entry port grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Telephone system grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frames/cabinets grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rack mounted equipment grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lightning arrestors installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of lightning arrestors installed:	Choose an item.	
Mfr./Model of lightning arrestors:	Click here to enter text.	
Lightning arrestors grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable tray(s) grounded properly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All metal objects tied to interior halo (frames, windows, HVAC, doors, fixtures) :	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		
Provide a FLOOR PLAN diagram in SECTION R including dimensions, racks, wall equipment, etc.		

SECTION J:

CONSOLE/RADIO EQUIPMENT

Provide FLOOR PLAN diagram in SECTION R showing racks, cabinets, and locations of all related equipment including egress and dimensions. List equipment below. Use more pages as needed.

[illegible]

Comments: [Click here to enter text.](#)



SECTION K: BACKHAUL SYSTEMS		
Backhaul systems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Backhaul system type:	Choose an item.	
Traffic backhauled:	Choose an item.	
Backhaul redundant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Backhaul provider(s)	Click here to enter text.	
Backhaul equipment Mfr./Model/Size:	Click here to enter text.	
Comments (fractional T1, regular T1, DS3 licensed microwave, UHF links, phone lines, etc.): Click here to enter text.		

SECTION L: POWER SYSTEMS		
Service entrance voltage:	Choose an item.	
Service entrance power phase:	<input type="checkbox"/> 1 <input type="checkbox"/> 3	
Circuit breaker panel capacity:	Choose an item.	
Total No. of panels used:	Choose an item.	
Panel type(s) used Mfr. / Model / Size:	Click here to enter text.	
No. of open breaker Slots:	Choose an item.	
No. of installed, but unused breakers:	Choose an item.	
AC surge protection system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
AC disconnect:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UPS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
UPS: Mfr./Model/Size:	Click here to enter text.	
GENERATOR POWER		
External Generator (connector):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
BACKUP POWER GENERATOR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Fuel Type:	Choose an item.		
Tank Size:	Click here to enter text.		
Location:	Click here to enter text.		
Transfer Switch:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mfr./Model/Size:	Click here to enter text.		
Generator UPS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mfr./Model/Size:	Click here to enter text.		
Voltage:	Click here to enter text.		
Amperage:	Click here to enter text.		
Phase:	Click here to enter text.		
UPS Battery System:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
% of UPS capacity currently being used:	Click here to enter text.		
Quantity of batteries:	Click here to enter text.		
Voltage:	<input type="checkbox"/> 12V	<input type="checkbox"/> 24V	<input type="checkbox"/> 48V
Mfr./Model/Amps hrs.	Click here to enter text.		
Location:	Click here to enter text.		
DC power system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Voltage:	<input type="checkbox"/> 12V	<input type="checkbox"/> 24V	<input type="checkbox"/> 48V
Mfr./Model/Amps hrs.	Click here to enter text.		
Quantity of batteries:	Click here to enter text.		
Mfr./Model/Amps hrs.	Click here to enter text.		
Location:	Click here to enter text.		
Comments: Click here to enter text.			

SECTION M: OTHER SYSTEMS

Secondary HVAC systems:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model:	Click here to enter text.	
FIRE SUPPRESSION:		
Active fire alarm system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Monitored:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If monitored, by whom?	Click here to enter text.	
Active fire suppression system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of active fire suppression system:	Click here to enter text.	
Date of Last Inspection:	Click here to enter text.	
Fire extinguisher(s) on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quantity of fire extinguishers on site:	Click here to enter text.	
Type of fire extinguishers on site :	Click here to enter text.	
Date of Last Inspection:	Click here to enter text.	
Comments: Click here to enter text.		
Radio failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Mfr./Model:	Click here to enter text.	
HVAC failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Mfr./Model:	Click here to enter text.	
Other failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
System Mfr./Model:	Click here to enter text.	
Comments: Click here to enter text.		

SECTION N: TOWER DETAILS

Provide a TOWER-ANTENNA layout diagram in SECTION T showing antennas and related equipment (no cables), denoting where space is available. Provide plan view with directional orientation. If possible, show all legs with equipment attached.

Antenna structure:	Choose an item.	
Condition:	Choose an item.	
ASR Posted:	<input type="checkbox"/> Y ASR #: _____	<input type="checkbox"/> N
Structure height (meters):	Click here to enter text.	
No. of tower legs:	Click here to enter text.	
Face width (lowest section):	Click here to enter text.	





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Tube Type or Angle members:	Click here to enter text.	
Monopole base diameter:	Click here to enter text.	
Antenna mounting location on water tower:	Click here to enter text.	
Any obvious microwave path obstructions (describe below and/or show on Site Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		
Visual condition of antenna mounting hardware:	Choose an item.	
Visible available antenna locations (annotate on Tower-Antenna diagram):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tower loading/design documentation available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source:	Click here to enter text.	
Suggest tower loading study prior to installing additional antennas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		
Transmission line condition:	Choose an item.	
Lines properly installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lines installed with drip loops:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transmission line connector condition:	Choose an item.	
Ice bridge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice bridge condition:	Choose an item.	
Ice bridge grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visible cable splices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Line incrementally grounded	<input type="checkbox"/> Yes Interval: _____	<input type="checkbox"/> No
Standard cable entry port device:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of entry ports:	Click here to enter text.	
Entry ports available:	Click here to enter text.	





Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

Comments: Click here to enter text.		
Grounding at tower top/antenna base:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounding bars used on tower:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounding at tower base:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounding at each tower leg:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of tower ground ring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of single-point ground system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lines grounded at building entry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		



Site Survey Forms - **DRAFT**

Next Generation Wireless Emergency Public Safety Communications Network

SECTION O: ANTENNA DETAILS									
Provide a TOWER-ANTENNA diagram showing antenna placement on all legs (including spare spaces) in SECTION T.									
TOWER / MONOPOLE									
Antenna Type (Mfr.-Model)	Mounting Height	Tower leg	Gain (dBi)	Azimuth (If Applicable)	Frequency Range	Tx, Rx, or both antenna	Tower top amp	Cable size	Cable condition
Comments: Click here to enter text.									
ROOF MOUNTED TOWER STRUCTURES									
Antenna Type (Mfr.-Model)	Mounting Height	Mount type	Gain (dBi)	Azimuth (If Applicable)	Frequency Range	Tx, Rx, or both antenna	Tower top amp	Cable size	Cable condition
Comments: Click here to enter text.									

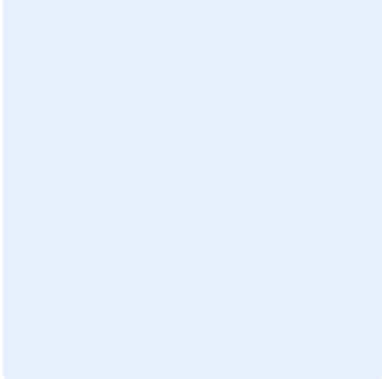




SECTION P:

MAP TO SITE

Provide a street-level map of the site. (Click icon below to insert map)



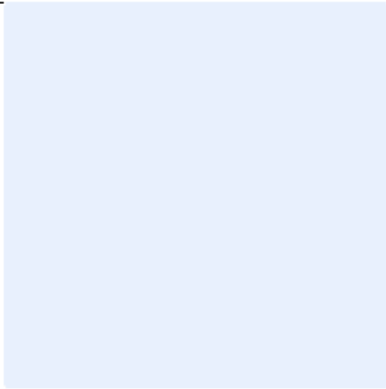
Comments: [Click here to enter text.](#)



SECTION Q:

SITE PLAN

Provide a site plan including building, tower, perimeter fence, and any other applicable structures. (Click icon below to insert Site Plan from files)



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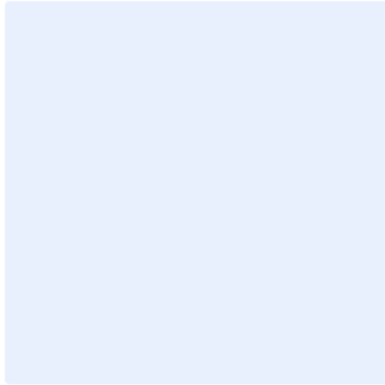
Comments: [Click here to enter text.](#)



SECTION R:

ELECTRONICS ROOM FLOOR PLAN

Provide a floor plan with rack locations, wall equipment, co-located systems, available space, etc. (Click icon below to insert Floor Plan from files)



DRAFT

Comments: [Click here to enter text.](#)



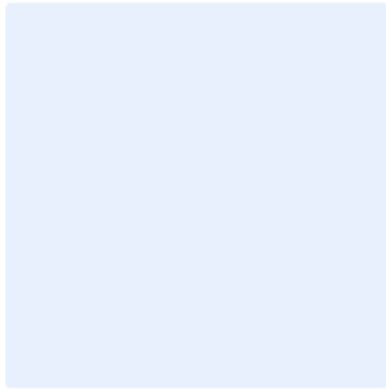
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SECTION 5:

DISPATCH AREA FLOOR PLAN

Provide a floor plan of the dispatch center area. (Click icon below to insert Floor Plan from files)



DRAFT

Comments: [Click here to enter text.](#)

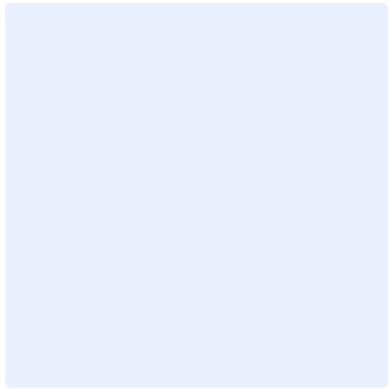




SECTION T:

TOWER-ANTENNA LAYOUT

Provide a drawing that annotates tower height and antenna locations. (Click icon below to insert Tower-Antenna Layout from files)



DRAFT

Comments: [Click here to enter text.](#)



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SECTION U: SITE PHOTOGRAPH LIST		
COMPLETED	ITEM	NOTES
<input type="checkbox"/>	Overall site photo	Front, sides and rear, including trees
<input type="checkbox"/>	Shelter/Bldg	Distance shot
<input type="checkbox"/>	Shelter/Bldg	Exterior front, sides and rear
<input type="checkbox"/>	Tower structure or rooftop	Multiple elevations, roof mounted structures
<input type="checkbox"/>	Tower Base	Foundation, model name plate
<input type="checkbox"/>	Tower Leg Grounding	Each Leg
<input type="checkbox"/>	Antennas	Current and possible tower mounting position
<input type="checkbox"/>	Roof Mounted Antennas and Structures	All angles
<input type="checkbox"/>	Rooftop antenna mounting locations	If applicable
<input type="checkbox"/>	Rooftop conduit routing	If applicable
<input type="checkbox"/>	Rooftop conduit breakout box	If applicable
<input type="checkbox"/>	Waveguide/feed line	Entry/exit from shelter
<input type="checkbox"/>	External Ground Bar	Exiting shelter/bldg
<input type="checkbox"/>	Ice Bridge	Full length, start /end of ice bridge, underside
<input type="checkbox"/>	Generator (External)	Name plate, all angles, capacity indicator
<input type="checkbox"/>	Equipment Room (Inside)	All angles: front, sides, rear
<input type="checkbox"/>	Cable Tray/Ladder	All angles: show cable routing
<input type="checkbox"/>	Cable Entry Panel (Wall feed through)	Inside and outside
<input type="checkbox"/>	Standoff bracket	If applicable
<input type="checkbox"/>	Equipment Room Grounding System	Bus bar, metal structures, racks/cabinets
<input type="checkbox"/>	Equipment Racks	All angles: front, sides, rear
<input type="checkbox"/>	Radio and Peripheral Equipment	Name/face plates, rear and front views
<input type="checkbox"/>	Power Equipment (Internal)	AC panels (in/out), generator, battery bank
<input type="checkbox"/>	AC Surge Device installation	Close up and focused
<input type="checkbox"/>	Lightning Arrestor installation	Polyphaser, Transtector, other
<input type="checkbox"/>	Site entry door and lock	Inside and outside





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SECTION U: SITE PHOTOGRAPH LIST		
COMPLETED	ITEM	NOTES
<input type="checkbox"/>	Present and proposed rack locations	All angles: front, sides, rear
<input type="checkbox"/>	Phone line termination	Close up and focused
<input type="checkbox"/>	Ethernet port termination (if any)	If applicable
<input type="checkbox"/>	AC outlets	Close up and focused
<input type="checkbox"/>	UPS	Nameplate, outlets
<input type="checkbox"/>	Main Power breaker panels	AC Disconnect; Nameplate
<input type="checkbox"/>	Console electronics racks	All angles: front, sides, rear
<input type="checkbox"/>	Console electronics cable routing	All angles: show cable routing
<input type="checkbox"/>	Dispatch positions furniture	All angles
<input type="checkbox"/>	Dispatch positions layout	All angles
<input type="checkbox"/>	Dispatch monitor screens	Screenshots on external drive preferred
<input type="checkbox"/>	Dispatch operations equipment	AVL, mobile data, control stations, recorders

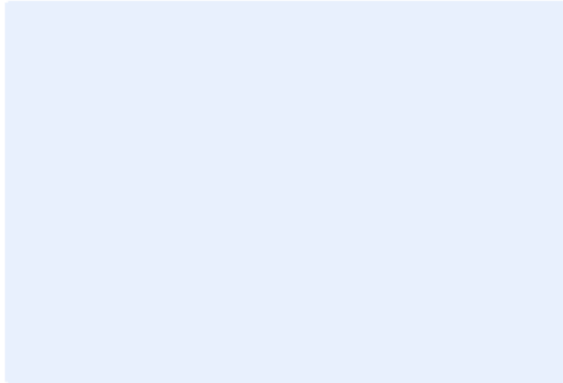




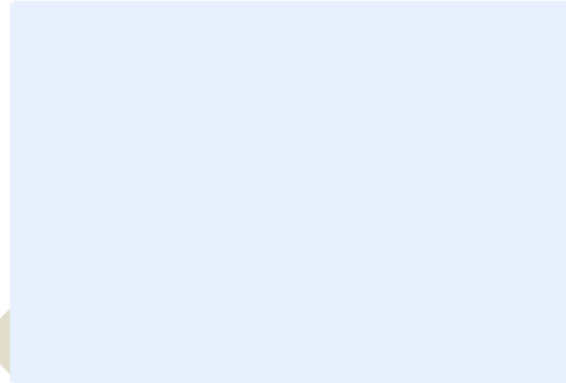
SECTION V:

SITE PHOTOS

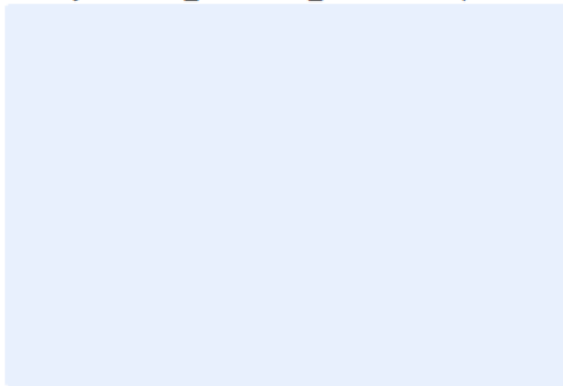
Provide compressed photos in this section. Add additional pages as needed. (click icon below to insert photographs from files)



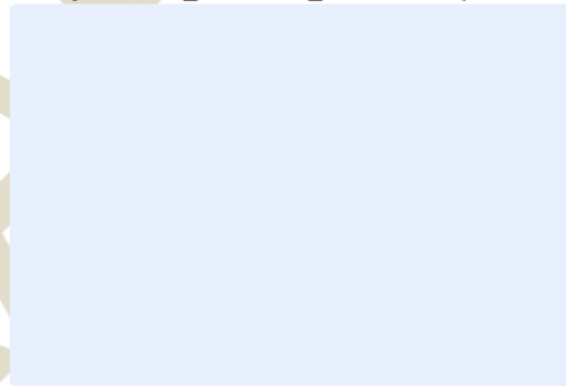
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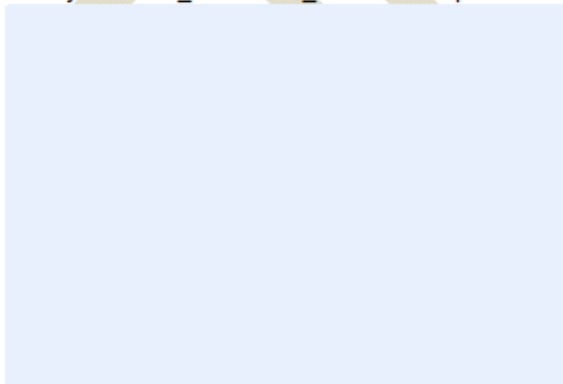
2. ProjectName_SiteName_PhotoDescription



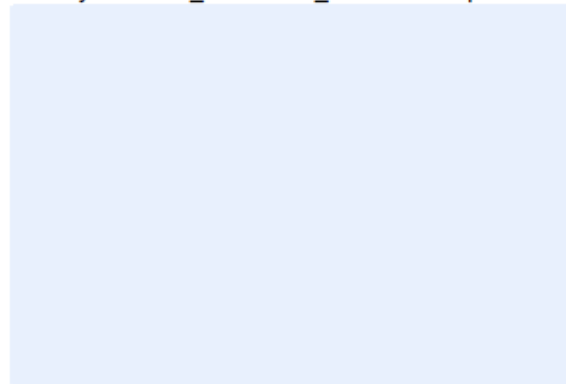
3. ProjectName_SiteName_PhotoDescription



4. ProjectName_SiteName_PhotoDescription



5. ProjectName_SiteName_PhotoDescription



6. ProjectName_SiteName_PhotoDescription





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7. ProjectName_SiteName_PhotoDescription

8. ProjectName_SiteName_PhotoDescription

9. ProjectName_SiteName_PhotoDescription

10. ProjectName_SiteName_PhotoDescription

11. ProjectName_SiteName_PhotoDescription

12. ProjectName_SiteName_PhotoDescription



SECTION W:

SITE ASSESSMENT SUMMARY

Provide an assessment on site conditions, usefulness for collocation, or any special egress details.

[Click here to enter text.](#)

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**Attachment B - Remote RF site survey form**

SECTION A: GENERAL SITE INFORMATION		
Provide a SITE PLAN diagram with shelter, fence, tower, and other site equipment in SECTION M.		
Date: Click here to enter a date.	Survey team: Click here to enter text.	
In attendance (customer, technical rep): Click here to enter text.	Customer point of contact (Phone/Email) Click here to enter text.	
Site name: Click here to enter text.	Address: Click here to enter text.	
Radio system name:	County:	
Site phone: Click here to enter text.	Site owner and/or manager: Click here to enter text.	
Site type: Choose an item.		
Comments: Click here to enter text.		
Latitude: Click here to enter text.	Longitude: Click here to enter text.	Ground Elevation (AMSL) (meters): Click here to enter text.
SECTION B: SITE ACCESS		
Site accessible by standard 2WD vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe site access below (i.e., nearby intersection, road type & length, special equipment – 4WD, combinations, key sets, etc.) Provide a MAP TO SITE diagram in SECTION L.		
Comments: Click here to enter text.		
SECTION C: GENERAL SITE CONDITIONS and PERIMETER SECURITY		
<input type="checkbox"/> Perimeter Fence	Condition: Choose an item.	
<input type="checkbox"/> Signs of vandalism	<input type="checkbox"/> Fence lock	<input type="checkbox"/> Exterior lighting
<input type="checkbox"/> Security Camera		
Security Camera monitored by whom / where:		Click here to enter text.
Comments: Click here to enter text.		





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SECTION D: PHYSICAL AVAILABILITY OF SURROUNDING LAND SPACE (Observations)

Ground around site:	Choose an item.	
Property zoning type:	Choose an item.	
Property ownership:	Choose an item.	
Other site use-this site	Choose an item.	
Other nearby sites:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		

SECTION E: TOWER DETAILS

Provide a TOWER-ANTENNA layout diagram in SECTION O showing antennas and related equipment (no cables), denoting where space is available. Provide plan view with directional orientation. If possible, show all legs with equipment attached.

Antenna structure:	Choose an item.	
Condition:	Choose an item.	
ASR Posted:	<input type="checkbox"/> Y ASR #: _____	<input type="checkbox"/> N
Structure height (meters):	Click here to enter text.	
No. of tower legs:	Click here to enter text.	
Face width (lowest section):	Click here to enter text.	
Tube Type or Angle members:	Click here to enter text.	
Monopole base diameter:	Click here to enter text.	
Antenna mounting location on water tower:	Click here to enter text.	
Any obvious microwave path obstructions (describe below and/or show on Site Plan):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		





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Visual condition of antenna mounting hardware:	Choose an item.	
Visible available antenna locations (annotate on Tower-Antenna diagram):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tower loading/design documentation available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Source:	Click here to enter text.	
Suggest tower loading study prior to installing additional antennas:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		
Transmission line condition:	Choose an item.	
Lines properly installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lines installed with drip loops:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transmission line connector condition:	Choose an item.	
Ice bridge:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ice bridge condition:	Choose an item.	
Ice bridge grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Visible cable splices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Line incrementally grounded	<input type="checkbox"/> Yes Interval: _____	<input type="checkbox"/> No
Standard cable entry port device:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Number of entry ports:	Click here to enter text.	
Entry ports available:	Click here to enter text.	
Comments: Click here to enter text.		
Grounding at tower top/antenna base:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounding bars used on tower:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grounding at tower base:	<input type="checkbox"/> Yes	<input type="checkbox"/> No





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Grounding at each tower leg:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of tower ground ring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of single-point ground system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lines grounded at building entry:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		





SECTION F: TOWER-ANTENNA DETAILS									
Provide a TOWER-ANTENNA diagram showing antenna placement on all legs (including spare spaces) in SECTION O.									
TOWER / MONOPOLE									
Antenna Type (Mfr.-Model)	Mounting Height	Tower leg	Gain (dBi)	Azimuth (If Applicable)	Frequency Range	Tx, Rx, or both antenna	Tower top amp	Cable size	Cable condition
Comments: Click here to enter text.									
ROOF MOUNTED TOWER STRUCTURES									
Antenna Type (Mfr.-Model)	Mounting Height	Mount type	Gain (dBi)	Azimuth (If Applicable)	Frequency Range	Tx, Rx, or both antenna	Tower top amp	Cable size	Cable condition
Comments: Click here to enter text.									



SECTION G: RF EQUIPMENT HOUSING		
Provide a FLOOR PLAN diagram in SECTION N including dimensions, rack rows, wall equipment, etc.		
<input type="checkbox"/> Room in a larger building <input type="checkbox"/> Communications Shelter <input type="checkbox"/> Other		
Shelter construction type:	Choose an item.	
If Prefab shelter give Mfr./Model: _____	If building, No. of stories/floors: _____	
Room/Shelter condition:	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
Dimensions:	Height	Width Length
Door lock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lock condition:	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
Door alarmed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable tray(s):	<input type="checkbox"/> Y <input type="checkbox"/> N If Yes, height above racks: _____	
Cable dehydrator system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model:	Click here to enter text.	
No. of total racks/cabinets:	Click here to enter text.	
No. of racks used for equipment of interest:	Click here to enter text.	
Expansion space available in shelter:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Expansion space available in racks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments (location and access to room in larger building, shelter conditions and layout, etc.): Click here to enter text.		
GROUNDING		
Evidence of single-point ground system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Ground bus bar:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of shelter ground ring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable entry port/feed-throughs grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does shelter have a 4 point ground:	<input type="checkbox"/> Yes	<input type="checkbox"/> No





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Is 4 point ground tied to a single point and to exterior:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frames/cabinets grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rack mounted equipment grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lightning arrestors installed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many:	Click here to enter text.	
Mfr./Model:	Click here to enter text.	
Telco:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lightning arrestors grounded:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cable tray(s) grounded properly:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All metal objects tied to interior halo (frames, windows, HVAC, Doors, fixtures):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments: Click here to enter text.		



SECTION H:

RADIO EQUIPMENT

Provide FLOOR PLAN diagram in SECTION N showing racks, cabinets, and locations of all related equipment including egress and dimensions. List equipment below. Use more pages as needed.

[illegible]



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SECTION I: BACKHAUL SYSTEMS	
Backhaul systems:	Choose an item.
Traffic backhauled:	Choose an item.
Backhaul redundant:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Backhaul provider(s):	Click here to enter text.
Backhaul equipment: Mfr./Model/Size:	Click here to enter text.
Comments (fractional T1, licensed microwave, UHF links, phone lines, LTE, WiFi, WiMAX, etc.): Click here to enter text.	

SECTION J: POWER SYSTEMS	
Service entrance voltage:	Choose an item.
Phase:	Choose an item.
Circuit breaker panel capacity:	Choose an item.
Total No. of panels used:	Click here to enter text.
Panel Type(s) used:	Click here to enter text.
Mfr./Model/Size:	Click here to enter text.
Panel use: No. of open breaker slots:	Click here to enter text.
No. of installed but unused breakers:	Click here to enter text.
AC surge protection system:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.
AC disconnect:	<input type="checkbox"/> Yes <input type="checkbox"/> No
UPS:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.
External Generator connector:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.





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BACKUP POWER GENERATOR:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
Fuel type:	Choose an item.	Tank Size: _____
Other backup power-UPS details:	Click here to enter text.	
DC power system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
Voltage:	Choose an item.	
Quantity of batteries:	Click here to enter text.	
Mfr. and model:	Click here to enter text.	
Comments: Click here to enter text.		

SECTION K:	OTHER SYSTEMS
-------------------	----------------------

HVAC:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
HVAC Redundant:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Active fire alarm system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monitored by:	Click here to enter text.	
Active fire suppression system:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type:	Click here to enter text.	
Date of Last Inspection:	Click here to enter text.	
Fire extinguisher(s) on site:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Quantity:	Click here to enter text.	
Type:	Click here to enter text.	
Date of Last Inspection:	Click here to enter text.	





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Comments: Click here to enter text.		
Radio failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
HVAC failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
Other failure alarm monitoring:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mfr./Model/Size:	Click here to enter text.	
Comments: Click here to enter text.		



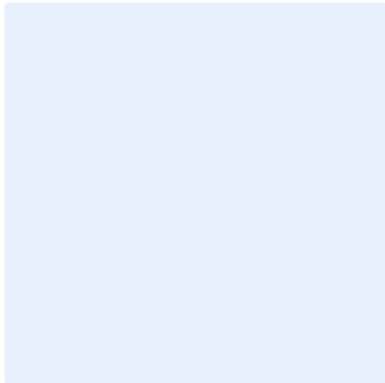
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SECTION L:

MAP TOSITE

Provide a street-level map of the site. (click on icon below to insert map from files)



DRAFT

Comments: [Click here to enter text.](#)

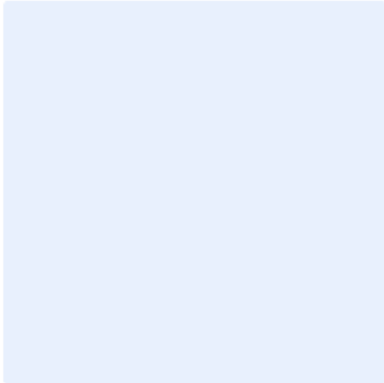




SECTION M:

SITE PLAN

Provide a site plan including shelter, tower, perimeter fence, and any other applicable structures. (click on icon below to insert Site Plan from files)



DRAFT

Comments: [Click here to enter text.](#)



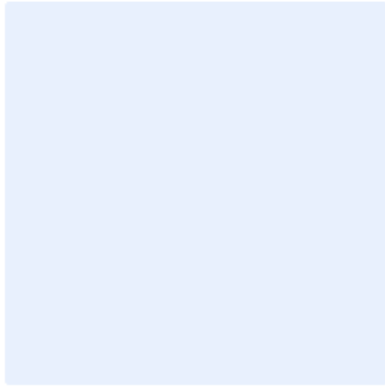
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SECTION N:

RF HOUSING FLOOR PLAN

Provide a floor plan with rack locations, wall equipment, co-located systems, available space, etc. (click on icon below to insert RF Housing Floor Plan from files)



DRAFT

Comments: [Click here to enter text.](#)

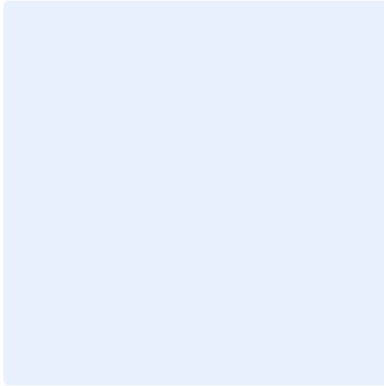




SECTION O:

TOWER-ANTENNA LAYOUT

Provide a drawing that annotates tower height and antenna locations. (click on the icon below to insert the Tower-Antenna Layout from files)



DRAFT

Comments: [Click here to enter text.](#)



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SECTION P: SITE PHOTOGRAPH LIST		
COMPLETED	ITEM	NOTES
<input type="checkbox"/>	Overall site photo	Front, sides and rear, including trees
<input type="checkbox"/>	Shelter/Bldg	Distance shot
<input type="checkbox"/>	Shelter/Bldg	Exterior front, sides and rear
<input type="checkbox"/>	Tower structure or rooftop	Multiple elevations, roof mounted structures
<input type="checkbox"/>	Tower Base	Foundation, model name plate
<input type="checkbox"/>	Tower Leg Grounding	Each Leg
<input type="checkbox"/>	Antennas	Current and possible tower mounting position
<input type="checkbox"/>	Roof Mounted Antennas and Structures	All angles
<input type="checkbox"/>	Rooftop antenna mounting locations	If applicable
<input type="checkbox"/>	Rooftop conduit routing	If applicable
<input type="checkbox"/>	Rooftop conduit breakout box	If applicable
<input type="checkbox"/>	Waveguide/feed line	Entry/exit from Shelter
<input type="checkbox"/>	External Ground Bar	Exiting shelter/bldg
<input type="checkbox"/>	Ice Bridge	Full length, start /end of ice bridge, underside
<input type="checkbox"/>	Generator (External)	Name plate, all angles, capacity indicator
<input type="checkbox"/>	Equipment Room (Inside)	All angles: front, sides, rear
<input type="checkbox"/>	Cable Tray/Ladder	All angles, show cable routing
<input type="checkbox"/>	Cable Entry Panel (Wall feed through)	Inside and outside
<input type="checkbox"/>	Standoff bracket	If applicable
<input type="checkbox"/>	Equipment Room Grounding System	Bus bar, metal structures, racks/cabinets
<input type="checkbox"/>	Equipment Racks	All angles: front, sides, rear
<input type="checkbox"/>	Radio and Peripheral Equipment	Name/face plates, rear and front views
<input type="checkbox"/>	Power Equipment (Internal)	AC panels (in/out), generator, battery bank
<input type="checkbox"/>	AC Surge Device installation	Close up and focused
<input type="checkbox"/>	Lightning Arrestor installation	Polyphaser, Transtector, other
<input type="checkbox"/>	Site entry door and lock	Inside and outside
<input type="checkbox"/>	Present and proposed rack locations	All angles: front, sides, rear
<input type="checkbox"/>	Phone line termination	Close up and focused
<input type="checkbox"/>	Ethernet port termination (if any)	If applicable
<input type="checkbox"/>	AC outlets	Close up and focused





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SECTION P: SITE PHOTOGRAPH LIST		
COMPLETED	ITEM	NOTES
<input type="checkbox"/>	UPS	Nameplate, outlets
<input type="checkbox"/>	Main Power breaker panels	AC Disconnect; Nameplate
<input type="checkbox"/>	Other	If applicable
<input type="checkbox"/>	Other	If applicable

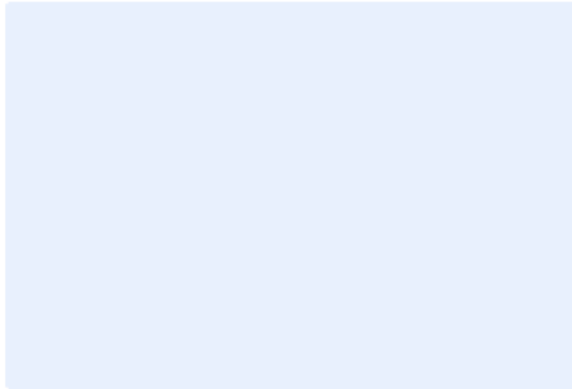




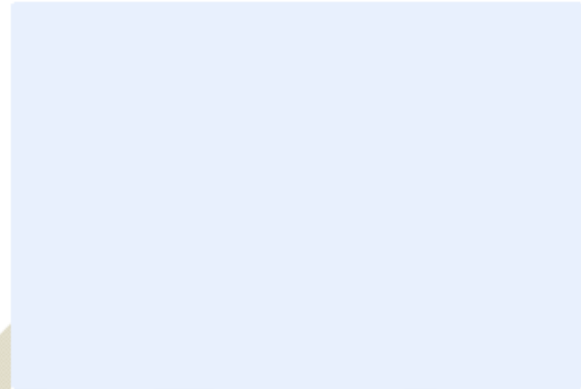
SECTION Q:

SITE PHOTOS

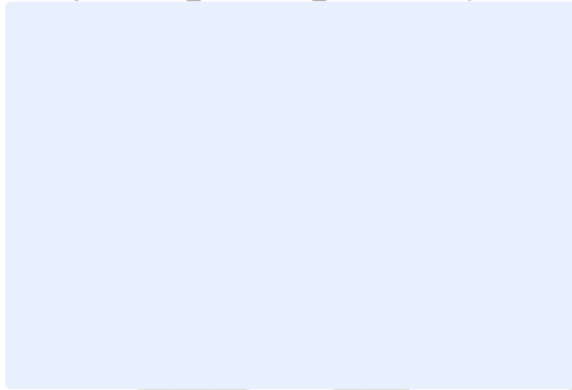
Provide compressed photos in this section. Add additional pages as needed. (click on the icons below to insert photographs from files)



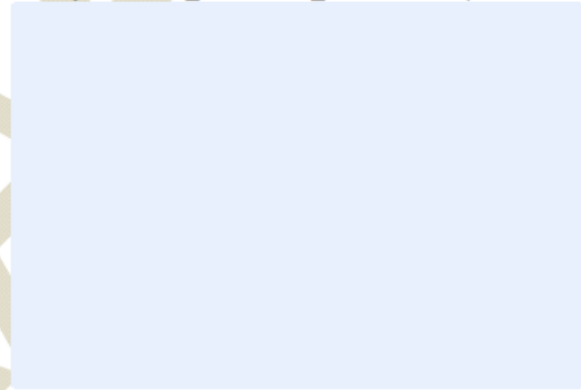
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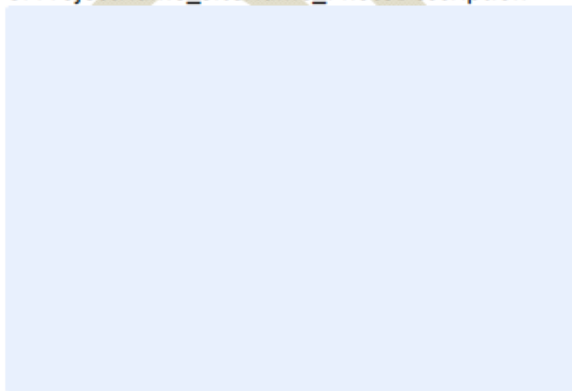
2. ProjectName_SiteName_PhotoDescription



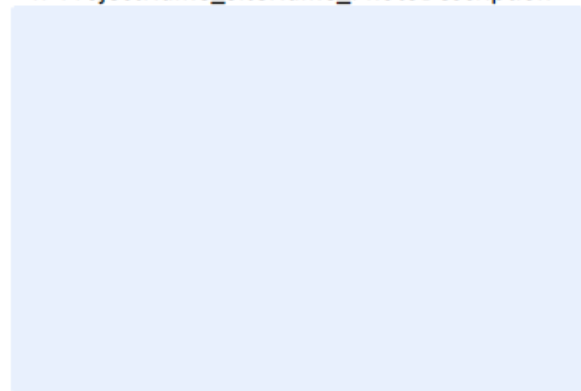
3. ProjectName_SiteName_PhotoDescription



4. ProjectName_SiteName_PhotoDescription



5. ProjectName_SiteName_PhotoDescription



6. ProjectName_SiteName_PhotoDescription



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7. ProjectName_SiteName_PhotoDescription

8. ProjectName_SiteName_PhotoDescription

9. ProjectName_SiteName_PhotoDescription

10. ProjectName_SiteName_PhotoDescription

11. ProjectName_SiteName_PhotoDescription

12. ProjectName_SiteName_PhotoDescription





SECTION R:

SITE ASSESSMENT SUMMARY

Provide an assessment on site conditions, usefulness for collocation, or any special egress details.

Click here to enter text.

DRAFT